

# 2010 Benefits at a Glance

## Aetna Medicare Rx<sup>®</sup> Plan (PDP)

Alabama, Arkansas, Connecticut,  
Georgia, Indiana, Iowa, Kansas,  
Kentucky, Louisiana, Maine,  
Massachusetts, Minnesota, Mississippi,  
Missouri, Montana, Nebraska,  
New Hampshire, North Carolina,  
North Dakota, Oklahoma,  
Rhode Island, South Carolina,  
South Dakota, Tennessee, Vermont,  
Wisconsin, Wyoming

### Compare our prescription drug plans in your area

This is a partial list of services. For a complete description of benefits, exclusions, limitations and conditions of coverage, refer to the Summary of Benefits.

Contact us for answers to your questions:

1-800-213-4599 (TTY/TDD: 1-888-760-4748)

8 am to 8 pm, 7 days a week

Or visit our website: [www.aetnamedicare.com](http://www.aetnamedicare.com)

# Aetna Medicare Rx<sup>®</sup> Plan (PDP)

## Aetna Medicare Rx Essentials<sup>®</sup> Plan (PDP)

Monthly plan premium

\$21.20 - \$47.90\*

### Prescription Drug Coverage

Prescription deductible

\$310

**Amount you pay for covered prescriptions until costs for you and the plan reach \$2,830**

(initial coverage limit)

#### One-month supply from retail network pharmacy

Preferred generic tier (most plan generics are on this tier)	\$1-\$4 copay*
Non-preferred generic tier	\$23-\$29 copay*
Preferred brand tier	\$24-\$30 copay*
Non-preferred brand tier	\$68-\$72 copay*
Specialty tier	25% coinsurance

**Amount you pay for covered prescriptions in the coverage gap**

(after your initial coverage limit and until your true out-of-pocket expenses reach \$4,550)

#### One-month supply from retail network pharmacy

Preferred generic tier	100% of discounted costs
All other covered Part D drugs	100% of discounted costs

**Amount you pay for covered prescriptions after your true out-of-pocket expenses reach \$4,550**

(catastrophic coverage)

Retail and prescription mail order

The greater of **\$2.50** copay for generic drugs (including brand drugs treated as generic), **\$6.30** copay for all other covered drugs OR 5% coinsurance

### Enhanced Benefit

Generic benzodiazepines and barbiturates

Not covered

(NOTE: Non-Part D drugs do not count toward satisfying your deductible, initial coverage limit or true out-of-pocket expenses)

\* Monthly plan premiums and copays vary by region. Please refer to the Summary of Benefits for exact costs for your area.

**Aetna Medicare Rx Plus® Plan (PDP)****\$26.90 - \$35.80\*****\$0**

\$5 copay  
 \$32-\$34 copay\*  
 \$36-\$38 copay\*  
 \$80 copay  
 33% coinsurance

100% of discounted costs  
 100% of discounted costs

The greater of **\$2.50** copay for generic drugs (including brand drugs treated as generic), **\$6.30** copay for all other covered drugs OR  
 5% coinsurance

Supplemental benefit coverage included (see formulary for details)

**Aetna Medicare Rx Premier® Plan (PDP)****\$78.40 - \$101.80\*****\$0**

\$5-\$7 copay\*  
 \$29-\$37 copay\*  
 \$32-\$38 copay\*  
 \$78-\$88 copay\*  
 33% coinsurance

**\$16** copay  
 100% of discounted costs

The greater of **\$2.50** copay for generic drugs (including brand drugs treated as generic), **\$6.30** copay for all other covered drugs OR  
 5% coinsurance

Supplemental benefit coverage included (see formulary for details)

## Cost-effective, easy to use and understand Medicare prescription drug coverage

- Covers most Medicare Part D drugs
- Structured for savings — more than 90% of generics are the lowest copay
- Mail-order drug service for your convenience (see Summary of Benefits for details)

## Learn more about plan benefits, costs and covered drugs:

Call to learn more about Aetna Medicare prescription drug plans or to schedule an appointment with a sales representative.

Call our toll-free number:

1-800-213-4599

(TTY/TDD: 1-888-760-4748),

8 am to 8 pm, 7 days a week or visit our website at:

**[www.aetnamedicare.com](http://www.aetnamedicare.com)**

Benefits coverage is provided by Aetna Life Insurance Company, a stand alone prescription drug plan with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

You must be entitled to Medicare benefits under Part A and/or enrolled in Part B, and continue to pay your Part B premium and Part A, if applicable, if not otherwise paid for under Medicaid or by another third party. You must reside in the Aetna Medicare Prescription Drug Plan service area.

Medicare beneficiaries may enroll in a plan only during specific times of the year. To obtain additional information, please contact Member Services at 1-800-213-4599 (TTY/TDD: 1-888-760-4748).

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

You may be enrolled in only one Medicare Prescription Drug Plan at a time. If you are enrolled in a Medicare Advantage (MA) plan that includes prescription drug coverage, you may not enroll in a Medicare prescription drug plan. Enrollees in a Private Fee-for-Service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) or an 1876 Cost plan may enroll in a PDP.

If an individual qualifies for extra help with the Medicare prescription drug plan costs, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare tells us how much extra help an individual is getting. An individual can obtain information on whether they qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD: 1-877-486-2048), 24 hours a day, 7 days a week. Medicare beneficiaries may also enroll in an Aetna Medicare Rx Plan through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

Translation of this material into another language may be available. For assistance, please call Member Services at 1-800-213-4599, (TTY/TDD: 1-888-760-4748).

Puede estar disponible la traducción de este material en otro idioma. Para ayuda, por favor llame a Servicios al Miembro al 1-800-213-4599 (TTY/TDD: 1-888-760-4748).

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy clinical programs such as precertification, step therapy, and quantity limits may apply to your prescription drug coverage. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Discount programs provide access to discounted prices and are not insured benefits

We want you to know<sup>®</sup>

 **Aetna<sup>®</sup> Medicare**